

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Health Resources and Services Administration
Indian Health Service
Rockville, Maryland 20857

INDIAN HEALTH SERVICE CIRCULAR NO. 87-1

PATIENT CLASSIFICATION AND NURSE STAFFING SYSTEM

1. Purpose
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1. PURPOSE: The purpose of this Circular is to set forth the policy regarding identification and classification of patients into care levels and quantification of these levels as a measure of nursing effort required.
 2. BACKGROUND: One of the most critical and continuing concerns facing administration of health care delivery systems is the management and effective application of a realistic nurse staffing system based on patient acuity level. Joint Commission of Hospitals (JCH), Health Care Financing Administration, state licensing agencies and the American Nurse's Association set standards for nursing care based on principles inherent in this patient classification and nurse staffing system. The nursing personnel needed in a nursing unit can be properly determined only by an effective system that evaluates and assesses the needs of patients concurrently with the individual capabilities of the nursing staff assigned to the unit. By the same token it is imperative that records and reports of both staffing patterns and patient acuities be consistently maintained, regularly reviewed and revised when appropriate. The patient, classification system supplies the tools necessary to provide and justify adequate nursing staff to meet the standards for quality and appropriateness of nursing care.
 3. POLICY: The Indian Health Service (IHS) Patient Classification system will be implemented as described in this policy at all IHS hospitals and PL 93-638 tribally operated hospitals to standardize patient classification within IHS. The classification system will be used to measure productivity of nursing staff, to compare nursing resources with patient care needs within and between facilities, to provide equitable staffing and allocation of resources.

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4. DESCRIPTION:

A. Level of Care With Definitions:

In order to be consistent with the inpatient census, Form HRSA 165-2, the classification of patients will be at four levels, according to nursing care needs and will be a basis for determining personnel requirements. The four levels will be minimal, partial, full, and complex.

The following is a breakdown of the four levels with definitions.

Level I - Minimal Nursing Care

A patient whose nursing care needs are almost entirely met by routine ward activities. A patient requiring minimal nursing care whose condition is characterized by:

1. Mild symptoms, usually considered in the later stages of convalescence.
2. Little or no deviation from normal (acceptable) behavior pattern.
3. No restriction of activity.
4. Simple treatments and few medications.
5. Follow-up instructions and supervised practice in self-care measures in preparation for discharge.
6. Discharge.

Patient requires nursing supervision and encouragement to provide own personal care. Has learned to manage own personal hygiene even though may have maintenance intravenous therapy, catheter, other type of tubes or dressing. May be independent in wheelchair.

Level II - Partial Nursing Care

A patient requiring a moderate amount of nursing care whose condition is characterized by:

1. Subacute symptoms, usually either in early stages of convalescence or chronically ill, but not completely dependent on others for activities of daily living.

2. Intermittent or occasional deviation from normal (acceptable) behavior pattern.
3. Limited or periodic restriction of activities..
4. Periodic treatment, observation, and/or instruction.

Level III - Full Nursing Care

A patient who has most of his activities initiated, performed and/or supervised by nursing personnel or who is confined to bed for the major portion of the Twenty-four hour period. A patient requiring considerable direct care whose condition is characterized by:

1. Acute symptoms that may be subsiding or impending, or symptoms of a chronic condition that makes the patient almost completely dependent on nursing personnel for activities of daily living; usually seriously ill.
2. Significant deviation from normal (acceptable) behavior pattern.
3. A need for general control of activities.
4. Frequent treatment, observation and/or instructions.

Level IV - Complex Nursing Care

A patient whose nursing care becomes so intricate or time-consuming as to require the equivalent of a special duty nursing service. A patient requiring intensive nursing care whose condition is characterized by:

1. A need for life-saving measures promptly and constantly.
2. Extreme symptoms; usually termed acutely or critically ill.
3. Pronounced deviation from (acceptable) behavior pattern.
4. A need for rigid restriction of activities.
5. A need for continuous treatment, observation, monitoring and/or instructions.

B. Definitions of levels of Care for Intensive Care Patients:Level I - Minimal Nursing Care

Patients who are ready to transfer to wards.

Level II - Partial Nursing Care

Patients who need a short period of intense care or require constant observation and monitoring to maintain stability. Examples are surgical recovery, MI patients, etc.

Level III - Full Nursing Care

Patients who require frequent lab studies, blood transfusions, arterial blood gases, and other special procedures. Example are GI Bleeders, hepatic comas, MI's arrhythmias, etc.

Level IV - Complex I.C.U.. Care

Patients require special assistance such as ventilator, or special equipment such as a PA line for pulmonary artery pressures, and intra-arterial lines for direct BP measurements. Also, requires special IV drip medications which should not be administered without the proper monitoring of the responses. Also, if patient in above category requires isolation.

5. TIME REQUIRED:

The time required for each level of care includes both the direct care (the time actually spent caring for the patient) and the indirect care (the time spent on other activities specific to the patient).

The hours per level are:

A. General Medical/Surgical/Pediatric/Obstetric Patients:

Level I	Minimal	2.0 hours per 24 hours
Level II	Partial	4.0 hours per 24 hours
Level III	Full	6.0 hours per 24 hours
Level IV	Complex	10.0 hours per 24 hours

B. Intensive Care Patients:

Level I	Minimal	6.0 hours per 24 hours
Level II	Partial	12.0 hours per 24 hours
Level III	Full	18.0 hours per 24 hours
Level IV	Complex	24.0 hours per 24 hours

6. STAFFING:**A. Formula for Day to Day and Shift to Shift Calculation:**

The sum of the standard times for each level of care multiplied by the number of patients in the level equals the required hours of patient care. Dividing this value by 7.0 (number of hours staff actually work each shift) results in the number of staff required to work per 24 hours.

$$\frac{\text{Total hours of care needed}}{7 \text{ (hours per employee)}} = \text{number of employees per twenty-four hours}$$

Employee Mix:

Professional (RN) 70% of total staff

Non-professional (LPN, NA) 30% of total staff

Distribution Per Shift:

Night shift 25% of total staff

Evening shift 32% of total staff

Day Shift 43% of total staff

Example:

Level of Care	No. of Patients Per Level		Hours of Care Per 24 Hours		Total Hours Needed
Level I	2	X	2	=	4
Level II	8	X	4	=	32
Level III	10	X	6	=	60
Level IV	2	X	10	=	20
TOTALS	22				116

Applying the Formula: 116 = 16.5 or 17 employees per 24

Employee Mix:

Professional employees 70% x 17 = 11.9 or 12
 Non-professional employees 30% X 17 = 5.1 or 5
 Total 17

Shift Distribution:

Professional

D 43% X 12 = 5.2 = 5
 E 32% X 12 = 3.8 = 4
 N 25% X 12 = 3 = 3

Non-professional	D43%X	5=2.1	=2
	E32%X	5=1.6	=2
	N25%X	5=1.2	=1
Total		1	7

See Table I to determine number of total nursing staff needed for 24 hour period and per shift.

B. Formula for Budgeted Position Calculation:

Average care hours needed per patient day times the average daily patient census times days of the year; divided by the days of the year, minus the administrative necessities, times the daily duty hours per employee equals the hours of nursing care divided by the hours of care delivered by each employee per year equals the number of employees to be budgeted for the unit.

Ave. Care hours Per Pt. Day	Ave. Daily Pt. Census	Days Per Year - Admin. Necessities	Daily Duty Hrs. Per Employee	Hours of Nursing Care Per Year= Hours of Care Del. by Each Employee per Year	No. of Employees to be Budgeted for Unit
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Interpretation of Formula:

Average care hours per patient day: Yearly average of all care hours needed per day.

Average daily patient census: ADPL for unit.

Days of the Year: 365

Daily hours/employee: 8 minus 1 for fatigue = 7 hours.

Administrative Necessities:

Regular days of duty = 104
 Holidays = 10
 Vacation days = 15
 Sick leave = 12
 Other absences = 3
 Continuing education = 3
 147 days/year

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Example:

Using 5.27 care hours as an average and 22 as the unit ADPL:

$$\frac{5.27 \times 22 \times 365}{365 - 147 \times 7} = \frac{42313}{1526} = 27.7 \text{ or } 28 \text{ employees}$$

7. IMPLEMENTATION:

A. Form I: Computation of Levels of Patient Care

An RN should classify the patient on admit and daily using this form. If a patient's condition changes, the patient should be reclassified.

Directions for patient classification are on the form.

Be sure the classification is recorded on the patient kardex for ease in counting the number of patients for each level at the end of the shift.

B. Form II: Staff Hours Available Daily Report

The form is to be completed for each unit by the off going supervisor before shift report.

All nursing staff on a unit for the next 8 hours should be listed. Use 7 hours for Hours Scheduled Column which allows for meals and breaks. Follow through columns as form indicates.

If an employee is scheduled and not on the unit, indicate this in the appropriate column with the reason code.

Figure totals and transfer the "Hours Needed" from Form III Column D. This will show the comparison of hours available for care on the on-coming shift and hours needed for care as determined at the end of the previous shift.

The comparison may be used to show need for additional staff or justify pulling staff to another unit.

C. Form III: Nursing Patient Classification Shift Acuity Worksheet

Each unit should complete Box B, Box Ea, and Box Fa at the end of each shift and submit to the Nursing Office. (This consists of a total count of patients in each level and can be obtained from the patient kardex).

Box B is to be obtained from the Kardex at the end of each shift. It will reflect the total number of patients in each class at this time.

For ICU add a total of 4 points for telemetry (out of Unit); not for each patient on telemetry. Al so add 5 points for the recovery of a patient.

Add 1 for each non-stress test. The off-going supervisor will compute the number of care hours needed for that unit before shift report. A form is needed for each unit.

D. Form IV: Nursing Patient Classification Daily Acuity Report Summary of All Shifts

To be completed by Supervisor at the end of 24 hours. Use Form III to complete.

Transfer numbers from Form III Box B "Nights" to box B of Form IV under Nights. Also fill in the number of admits and discharges. The same thing is done with Form III for Days and Evenings; transferring to appropriate columns.

The figures are calculated as directed on the form

The last section is for the 24 hour average. Total class I patients from Day, Evening, and Night and divide by 3. Repeat for each level of care. For the admits, discharges, telemetry, recovery, and non-stress tests follow the same procedure.

Calculations are to be made as directed by the form

$$\text{A D P} = \frac{\text{Census}}{\text{Days in Mnth}}$$

$$\% \text{ Occupancy Rate} = \frac{\text{Census}}{\# \text{ of beds} \times 100}$$

E. Form V: Patient Classification Monthly Worksheet

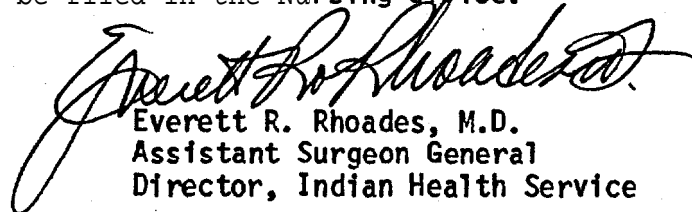
Needs to be completed by the same individual routinely.

Complete according to the directions that are on the form. To be filed in Nursing Office.

F. Form VI: Productivity Form

Also needs to be completed by the same individual routinely.

Complete according to the directions that are on the form. To be filed in the **Nursing Office.**



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Director, Indian Health Service

Attachment

- Form I - Computation of Level of Patient Care
- Form II - Staff Hours Available Daily Report
- Form III - Patient Classification Shift Acuity Worksheet
- Form IV - Patient Classification Daily Acuity Report Summary of All Shifts
- Form V - Patient Classification Monthly Worksheet
- Form VI - Productivity Form
- Form VII - Nursing Staffing Table Per 24 Hours by Shift

A OF CARE	DESCRIPTION	N	D	E	DESCRIPTION	N	D	E	DESCRIPTION	N	D	E	DESCRIPTION	N	D	E				
Assessment vs) monitors	Assess of system/ shift (i.e., CMS* PP checks) VS q shift				Assess 1-2 systems VS q 4h				Assess 3 systems VS q 2h or more freq. for part of shift, i.e. immediate post op				Assess 4 systems or more. VS q 1h Apnea monitor, CVP cardiac monitor				Complex freq. assessment Internal monitor. Umbil- ical cath, O hood. 4 or more system review			
ching	Brief explanations during procedures to pt/significant others				Initial explana- tion. Discharge teaching. Follow up teaching				Teaching required for hospital proce- dures in presence of RN, TC & DB, Labor				Teaching required to change pt behavior, life style changes. (i.e. DM, family plan, Colostomy)							
chosocial /family	No unusual reaction				Mild emotional reaction.				Moderately appre- hensive. Confused, disoriented. Ca diagnosis, elderly				Severe emotional reaction Requires restraints. Family in attendance i.e. grief, DTS							
atments	None or done by pt p/explanation. peri lite, cord care, dressing change				Require nsg intervention. IIPPB Q shift. Drug change 3-5 day. Croupette				Complex and freq. treatments q 4 hr NG irrigations. 3 way foley, CPT & IIPPB q 4h				Multiple and complex treatments q 2-4. Special procedure. Burn drug. Del. Room Tracheal suction, CPT q2h							
ications	None or oral, IM, sq x 3/day				Oral, IM, sq x 4-6 day IV therapy				Oral IM, sq 6/day 2u of blood pro- ducts/day. Heparin lock				IV therapy-critical monitoring (TPN, ammo- phylline, multiple bld products, fluid challenge				Critical med., qts MgSO4, Pitocin, Terbutaline			
mination	No requirements				Measure I&Q a, shift; Foley output q shift; Assist c PP;				Incontinent q shift. Assist OOS to BR. Urine output q 2-4 JP tube				Q 1 hr output Diarrhea, vomiting Incontinent 2X shift							
rition	Deliver tray or NPO				Assist c tray setup				Partial feed. Gavage Feeding Tube continuous or q 4h				Complete feed Q 1-2h Gavage q 1-2hr							
ement nsport- ion	Ambulatory or non ambulatory infant				Ambulate c assistance OOS 3 x day. Transport via w/c x 1				Bedrest. Turn independently Transport via stretcher, w/c x 2				Bedrest need to be turned q 1-2hr. Unable to asst., hemiplegia. Stretcher transport x 3							
h, Skin re	Self bath Shower				Minimal assistance in bathing in BR				Partial asst. for bed bath. Skin care q day.				Complete bed bath. Skin care q shift ROM q shift							
3, Linen ange	Bed change un- occupied or part- ial linen change				Pt moved unoccupied bed change				Bed occupied-Pt Pt moves freely in bed				Bed occupied Pt unable to assist i.e. retrained, comitose							
total	X 1				X 2				X 3				X 4				X 5			

Total Adjustment Factors:

Add 4 to total for blind, deaf.
Subtract 4 for presence of significant
other who assists pt in A.D.L.

*CMS/Circulatory Movement Sensory

Key:

10-13 I Minimal
14-23 II Partial
24-33 III Full
33 - IV Complex

Grand Total

Classification

DATE:

PATIENT STAMP:

COMPLETE ON ADMIT AND DAILY (0700-1500) One Sheet per day. If patient care changes, reclassify each shift. Patient with VS or treatment q15 min. i.e. immediately post-partum or accucheck will be reflected under Assessment, VS, monitor in column 5 for 1 shift.

Check each area of care with the description that applies. Add each column and multiply by the appropriate factor. Add all columns and enter in Grand Total space. Compute level of care using key at bottom and enter in classification. Enter classification on kardex.

STAFF HOURS AVAILABLE DAILY REPORT

Unit: _____
 Date: _____
 Shift: _____

REASON CODES		HOURS ADJUSTMENTS															TOTAL HOURS AVAILABLE FOR PT CAR ON THIS UNIT
		HOURS SCHEDULED			NOT on UNIT SERVICE		CALL BACK				FLOAT IN		OVERTIME ON UNIT				
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1. Inservice/orientation		Autho- rized Posit.	Temp. Posit.	Total	Hrs.	Reason Code	Comp.	Paid	Total	Reason Code	Hrs.	Reason Code	Paid	Comp.	Total	Reason Code	C-D+H+J+N=
2. Assigned to another Unit																	
3. Sick leave																	
4. Escort duty																	
5. Administrative work																	
6. Compensatory time (only if planned on work scheduled)																	
7. Station leave																	
8. Emergency annual																	
9. Excessive inpatient workload																	
10. Obstetrical coverage																	
11. Emergency room coverage																	
12. Supervisory coverage																	
13. Other/Specify: _____																	
DEFINITIONS:																	
Call Back: An off duty nursing staff member is called to duty.																	
Overtime: A nursing staff member on duty exceeds eight hour shift.																	
Comp/Paid Hours: This is a sum of call back and overtime as defined above.																	
STAFF CATEGORY																	
I. Registered Nurse																	
A. Administrative																	
Sub-Total A																	
B. Managers:																	
Sub-Total B																	
C. Staff:																	
Sub-Total C																	
GRAND TOTAL I																	
II. PRACTICAL NURSE																	
Sub-Total II																	
III. NURSE ASSISTANT																	
Sub-Total III																	
GRAND TOTAL II/III																	
IV. CLERICAL																	
A. Ward Clerk:																	
B. Secretary:																	

Form II

Charge Nurse Signature _____

COMPLETE AT BEGINNING OF EACH 8 HOURS:

List all nursing staff for shift.

P = Category I

NP = Category II, III

Use 7 hours for Hours Scheduled

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Grand Total _____

(Includes I, II, & III)

P _____

NP _____

Hours Needed _____

(From Form III Column D)

NURSING PATIENT CLASSIFICATION SHIFT ACUITY WORKSHEET

UNIT: _____ HOSPITAL _____ SHIFT _____ Date _____

A LEVEL OF CARE	B NUMBER OF PATIENTS	C 1/ CARE HOURS REQUIRED 1PT/8HRS	D PATIENT CARE REQUIRED	E Admissions			F Discharges			G TOTAL Ec+Fc=G	H TOTAL D+G=H
				a	b	c	a	b	c		
				No	Hrs. Req.	Tot. Hrs. Req.	No.	Hrs. Req.	Tot. Hrs. Req.		
I		x 0.7			x1.0			x0.5			
II		x 1.3			x1.5			x0.5			
III		x 2.0			x2.0			x0.5			
IV		x 3.3			x2.5			x0.5			
TOTAL											

Non-Stress _____
 Tele _____
 Recovery _____
 Grand Total _____

1/ Number of nursing care hours required for one patient per eight hours.

COMPLETE AT END OF EACH SHIFT: Box B, Box Ea, Box Fa

Box B is to be obtained from the Kardex at the end of each shift.

For ICU add 4 for telemetry patients in box Tele and 5 for a recovery patient.

Calculations to be made by Supervisor.

Transfers are same as Admit and Discharges.

For OB add 1 for each non-stress test.

NURSING PATIENT CLASSIFICATION DAILY ACUITY REPORT SUMMARY OF ALL SHIFTS

UNIT: _____ HOSPITAL: _____ DATE _____

ADPL _____ PERCENT OCCUPANCY RATE: _____

N I G H T											
A	B	C	D	E			F			G	H
LEVEL OF CARE	NUMBER OF PATIENTS	1/ CARE HOURS REQUIRED 1PT/8HRS	PATIENT CARE HOURS REQUIRED	ADMISSIONS			DISCHARGES			TOTAL Ec+Fc=G	TOTAL D+G=H
				a	b	c	a	b	c		
				No.	Hrs. Req.	Tot. Hrs. Req.	No.	Hrs. Req.	Tot. Hrs. Req.		
I		x 0.5			x1.0			x0.5			
II		x 1.0			x1.5			x0.5			
III		x 1.5			x2.0			x0.5			
IV		x 2.5			x2.5			x0.5			
TOTAL											Tele. Rec. N.S.
Grand Total											
D A Y											
I		x 0.9			x1.0			x0.5			
II		x 1.7			x1.5			x0.5			
III		x 2.6			x2.0			x0.5			
IV		x 4.3			x2.5			x0.5			
TOTAL											Tele. Rec. N.S.
Grand Total											
E V E N I N G											
I		x 0.6			x1.0			x0.5			
II		x 1.3			x1.5			x0.5			
III		x 1.9			x2.0			x0.5			
IV		x 3.2			x2.5			x0.5			
TOTAL											Tele. Rec. N.S.
Grand Total											
** All Shifts											
Grand Total											
CLASSIFICATION ONCE PER 24 HOURS											
I		x 2.0			x1.0			x0.5			
II		x 4.0			x1.5			x0.5			
III		x 6.0			x2.0			x0.5			
IV		x 1.0			x2.5			x0.5			
** TOTAL											Tele. Rec. N.S.
AVERAGE											N.S.

1/ Number of nursing care hours required for one patient per eight hours. Grand Total _____

To be done by Supervisor.

** Number of Nursing Care hours required for one patient per 24 hours.

Complete at 0800 for previous 24 hours. Use Form III to complete Night, Day and Evening

Use total Number of patient from 3 shifts and divide by 3 for all shifts.

Enter in Column B and calculate as directions state.

Use the same method for Admissions, Discharges, Telemetry, Recovery and Non-Stress

* The total is the average for all shifts.

Productivity Form

[illegible]

P = Professional staff
NP = Non-professional staff
T = Total of P and NP

ACCEPTABLE PRODUCTIVITY LEVELS

Daily	85-115
Weekly	90-105
Monthly	90-105
Yearly	99-101

Box A = H Form IV
Box B = P-70% Box A, NP-30% Box A
Box C = Box E Form V
Box D = Basic staff determined by DON even if no patients (24 hours)
Box E = Larger of Box B or D
Box F = Divide Box E by 7 - (round to whole number)
Box G = Divide Box C by 7 hours
Box H = $\frac{\text{Box F}}{\text{Box G}} \times 100$ -

TABLE I
NURSING STAFFING TABLE PER 24 HOURS BY SHIFT

A - Hours of Care Required for 24 hours
 B - Total Staff Required
 C - Professional Staff (70% of Total)
 D - Non-Professional Staff (30% of Total)

E - 43% of C & D (Day Shift)
 F - 32% of C & D (PM Shift)
 G - 25% of C & D (Night Shift)

CARE HOURS REQUIRED
HOURS PER DAY (7) = **TOTAL STAFF**
REQUIRED PER

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>		<u>F</u>		<u>G</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>		<u>F</u>		<u>G</u>	
				<u>P</u>	<u>NP</u>	<u>P</u>	<u>NP</u>	<u>P</u>	<u>NP</u>					<u>P</u>	<u>NP</u>	<u>P</u>	<u>NP</u>	<u>P</u>	<u>NP</u>
15-18	2.0	1.4	.6	.6	.1	.4	.1	.3	.1	103-107	15.0	10.5	4.5	4.5	1.9	3.3	1.4	2.6	1.1
19-23	3.0	2.0	.9	.8	.3	.6	.2	.5	.2	108-111	15.0	10.5	4.5	4.2	1.9	3.3	1.4	2.6	1.1
24-27	3.0	2.1	.9	.8	.3	.6	.2	.5	.2	112-115	16.0	11.2	4.8	4.8	2.0	3.5	1.5	2.8	1.2
28-31	4.0	2.8	1.2	1.2	.5	.8	.3	.7	.3	116-119	16.0	11.2	4.8	4.8	2.0	3.5	1.5	2.8	1.2
32-35	4.5	3.1	1.3	1.3	.5	.9	.4	.7	.3	120-123	17.0	11.9	5.1	5.1	2.1	3.8	1.6	2.9	1.2
36-39	5.0	3.5	1.5	1.5	.6	1.1	.4	.8	.3	124-128	18.0	12.6	5.4	5.4	2.3	4.0	1.7	3.1	1.3
40-44	6.0	4.2	1.8	1.8	.7	1.3	.5	1.9	.4	129-132	18.0	12.5	5.4	5.4	2.3	4.0	1.7	3.1	1.3
45-48	6.0	4.2	1.8	1.8	.7	1.3	.5	1.0	.4	133-136	19.0	13.3	5.7	5.7	2.4	4.2	1.8	3.3	1.4
49-52	7.0	4.9	2.1	2.1	.9	1.5	.6	1.2	.5	137-140	19.0	13.3	5.7	5.7	2.4	4.2	1.8	3.3	1.4
53-56	7.0	4.9	2.1	2.1	.9	1.5	.6	1.2	.5	141-144	20.0	14.0	6.0	6.0	2.5	4.4	1.9	3.5	1.5
57-60	8.0	5.6	2.4	2.4	1.3	1.7	.7	1.4	.6	145-149	21.0	14.7	6.3	6.3	2.7	4.7	2.0	3.6	1.5
61-65	9.0	6.3	2.7	2.7	1.1	2.0	.8	1.5	.6	150-153	21.0	14.7	6.3	6.3	2.7	4.7	2.0	3.6	1.5
66-69	9.0	6.3	2.7	2.7	1.1	2.0	.8	1.5	.6	154-157	22.0	15.4	6.6	6.6	2.9	4.9	2.1	3.8	1.6
70-73	10.0	7.0	3.0	3.0	1.2	2.2	.9	1.7	.7	158-161	22.0	15.4	6.6	6.6	2.8	4.9	2.1	3.8	1.6
74-77	10.0	7.0	2.0	2.0	1.2	2.2	.9	1.7	.7	162-165	23.0	16.1	6.9	6.9	2.9	5.1	2.2	4.0	1.7
78-81	11.0	7.7	3.3	3.3	1.4	2.4	1.0	1.9	.8	166-170	23.0	16.1	6.9	6.9	2.9	5.1	2.2	4.0	1.7
82-86	12.0	8.4	3.6	3.6	1.5	2.6	1.1	2.0	.9	171-174	24.0	16.8	7.2	7.2	3.0	5.3	2.3	4.2	1.8
87-90	12.0	8.4	3.6	3.6	1.5	2.6	1.1	2.0	.9	175-178	25.0	17.5	7.5	7.5	3.2	5.6	2.4	4.3	1.8
91-94	13.0	9.1	3.9	3.9	1.6	2.9	1.2	2.2	.9	179-182	25.0	17.5	7.5	7.5	3.2	5.6	2.4	4.3	1.8
95-98	13.0	9.1	3.9	3.9	1.6	2.9	1.2	2.2	.9	183-186	26.0	18.2	7.8	7.8	3.3	5.8	2.4	4.5	1.9
99-100	14.0	9.8	4.2	4.2	1.8	3.1	1.3	2.4	1.0	187-191	26.0	18.2	7.8	7.8	3.3	5.8	2.4	4.5	1.9
										192-195	27.0	18.9	8.1	8.1	3.4	6.0	2.5	4.7	2.0

PLEASE NOTE: Table to be used for Shift to Shift Only